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PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0881-0031

U.S. Patent and Trademerk Office: U.S. DEPARTMENT OF COMMERCE

Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Substitute for form 1449A/PTO Complete If Known **Application Number** 10/813,474 **INFORMATION DISCLOSURE** Filing Date March 30, 2004 STATEMENT BY APPLICANT First Named Inventor Sankeren Group Art Unit -2157-(use as many sheets as necessary) Examiner Name ,Unknown Sheet **Attorney Docket Number** BS040057

|                      |               |                                                                 | U.S. PATENT DOCUMEN                             | NTS                                                    |                                                                                 |
|----------------------|---------------|-----------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------|
| Examiner<br>Initials | Citia<br>No.1 | U.S. Patent Document  Number  Kind Code <sup>3</sup> (If known) | Name of Patentee or Applicant of Cited Document | Oute of Publication of Cited<br>Document<br>MM-DD-YYYY | Pages, Columns, Linea, Where<br>Relevant Passages or Relevant<br>Figures Appear |
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| Examiner<br>Initials *                          | Cite<br>No.1 | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, sarial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | Τ2 |  |  |
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| Examiner      | DAVID 1. LING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | D-4-               |         |   |
| Signature     | PRIMARY EXAMINER 🔪 /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (く ) | Date<br>Considered | 1 9/4 - | _ |
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Unique clistion designation number. <sup>2</sup> Applicant is to place a checkmark here if English language Translation is attached.

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| Substitute             | for form 1449A/PTO                |                      | Complete if Known      |                        |  |  |
|------------------------|-----------------------------------|----------------------|------------------------|------------------------|--|--|
|                        |                                   |                      | Application Number     | Unassigned- 10/813,474 |  |  |
| INFO                   | RMATION D                         | DISCLOSURI           | Filing Date            | March 30, 2004         |  |  |
| STATEMENT BY APPLICANT |                                   | First Named Inventor | Karthiksundar Sankaran |                        |  |  |
|                        |                                   | Group Art Unit       | Unassigned 2155        |                        |  |  |
|                        | (use as many sheets as necessary) |                      | Examiner Name          | Unassigned ENG,D       |  |  |
| Sheet                  | 1                                 | of 1                 | Attorney Docket Number | BS040057               |  |  |

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|                                                 |              |                                                                                                                                                                                                                                                                 |     |  |  |
|                                                 |              |                                                                                                                                                                                                                                                                 |     |  |  |

| Examiner<br>Signature | DAVID V FNC | 7 | <b>3</b>       | Date<br>Considered  | 9              | /o ~         | ,                       |
|-----------------------|-------------|---|----------------|---------------------|----------------|--------------|-------------------------|
| ·                     | COLLEGE     |   | ination in and | emance with MPEP 60 | O Draw line th | much citatio | n if not in conformance |

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<sup>&</sup>lt;sup>1</sup> Unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.